

# MASSACHUSETTS FORESTER LICENSING BOARD

## Continuing Forestry Education Evaluation Certificate

(Please submit in advance of the event for CFE credits)

Requested by: \_\_\_\_\_ MLF # : \_\_\_\_\_  
(Forester Name) (License Number)

### **ACTIVITY**

Dates: \_\_\_\_\_ / \_\_\_\_\_  
(Starting) (Ending)

Title: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Place/Facility: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

### **GENERAL ACTIVITY INFORMATION**

**Level of Presentation:** (Circle one) **Suggested Prerequisite:** (Circle one)

- A. Orientation
- B. Basic
- C. Advanced

- 1. None
- 2. Graduate forester or forestry related
- 3. Some experience in general forestry
- 4. Some experience in subject matter
- 5. Substantial experience in subject matter
- 6. Extensive experience in subject matter

**Educational Objectives:** (Circle all that apply)

- 1. Provide information on recent developments
- 2. Develop initial competency/knowledge
- 3. Maintain competency/knowledge
- 4. Develop general proficiency/skill

### **SPONSOR CONTACT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attendance Verification: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sponsor Signature)

### **CONTACT HOUR EVALUATION (COMPLETED BY LICENSING BOARD)**

CFE Credits Awarded: \_\_\_\_\_ in Category: \_\_\_\_\_

CFE Contact Person/Evaluator: Thomas M. Ryan, Secretary Forester Licensing Board Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\*Please submit this form and a copy of the agenda or outline to Thomas Ryan, Secretary, MA Forester Licensing Board, 1048 North Road, Westfield, MA 01085.